

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705164

Entity Name: BROWARD HEALTH MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLO RIDA, INC.**Current Principal Place of Business:**1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316**Current Mailing Address:**1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316**FEI Number: 59-0895145****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BEGOVIC, SUAD
1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECR
Name BRADY, MYKEN
Address 505 E. DANIA BEACH BLVD. #4 E
City-State-Zip: DANIA BEACH FL 33004

Title PRESIDENT
Name KATHY, PICKETT
Address 2441 SW 15TH COURTH
City-State-Zip: FORT LAUDERDALE FL 33312

Title 1ST VP
Name BOLES, JUDY
Address 1636 SW 30TH STREET
City-State-Zip: FORT LAUDERDALE FL 33315

Title PARLIAMENTARIAN
Name PATTERSON, ROZEN
Address 1636 SW 30TH STREET
City-State-Zip: FORT LAUDERDALE FL 33315

Title 2VP
Name DANKER, JAN
Address 3000 NE 16TH AVE., D209
City-State-Zip: FORT LAUDERDALE FL 33334

Title T
Name VAUGHN, REGIS
Address 26 SE 11TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33301

Title 3RD VP
Name STAFFORD, SYLVIA
Address 1916 SE 21ST AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHY PICKETT**PRESIDENT****01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date